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INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

To Commissioner For Patents
Enclosed herewith is a Form PTO-1449, required copies of documents listed
thereon, and a concise explanation of their relevance is described below or enclosed
herewith per 37 CFR 1.97.

| Application Number | 09/838,852 |
|------------------------|------------------|
| Filing Date | APRIL 20, 2001 |
| First Named Inventor | RICHARD J. ALLEN |
| Group Art Unit | 2861 |
| Examiner Name | |
| Attorney Docket Number | GB000051 |

| Thes | e docum | ments may be relevant in that they have b | een: | DEC DEC | | |
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| | consid refere | lered in drafting the specification of the nced application; | e abov | CEIVED C 2 6 2001 blogy Center 26 | | |
| | cited applic | in the specification of the above-refere ation; | nced | EIVED 6 2001 Center 2600 | | |
| | considered in drafting the specification of the above center 260 c | | | | | |
| cited as an "X" or "Y" document in a foreign Patent Office search report on a foreign counter part application, a copy of which report is also enclosed; I hereby certify that these documents were first cited in any communication with a foreign Patent Office for a counterpart foreign application not more than three (3) months ago; otherwise a concise explanation of the relevance of each document is append hereto. I hereby certify that not one of these documents was cited in any communication with a foreign Patent Office nor was any known to any individual designated in §1.56(c) more than three (3) months ago. | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQURIED | | | | | | |
| Name (Pr | int Type) | GREGORY L. THORNE Registration No. (Attorney | /Agent) | 39,398 | | |
| Signature Date 11/20/01 | | | | | | |
| CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this is being deposited with the U.S.! Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, | | | | | | |
| Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office tel#:on the date below: | | | | | | |
| Name (Print Type) Notale A. Manzo | | | | | | |
| Signature | | Matalia Menzo | Date ` | 11/2/10/ | | |